MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-049361
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12639

FILED DEC 27 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Anthonys Hosp. Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Affton Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 9824 Tesson Ferry Rd. Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Clara Middle: Louise Last: Davies
4. DATE OF DEATH: Month: Dec. Day: 20 Year: 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 4, 1901
9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Dietrich Von Drehle
13b. MOTHER'S MAIDEN NAME: Anna Kretchmar
14. NAME OF HUSBAND OR WIFE: George W. Davies
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: George W. Davies Address: 9824 Tesson Ferry Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastasis Ca to liver & intestines — INTERVAL BETWEEN ONSET AND DEATH: several years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ca of ovaries — 6 months
DUE TO (c): 175.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1962 to 12/20/63 and last saw her him alive on 12/20/63.
Death occurred at 5:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Orwin N. Creelman M.D.
22b. ADDRESS: 70 Creelman Terr. St. Louis (State)
22c. DATE SIGNED: 12/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Dec. 23, 1963
23c. NAME OF CEMETERY OR CREMATORY: St. Paul Churchyard
23d. LOCATION (City, town, or county): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: Will Mortuary ADDRESS: 6409 Gravois
25. DATE REC'D. BY LOCAL REG.: DEC 21 1963
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

DR. E.D. CRECELIUS
752 LEMAY FERRY ROAD.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jas M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.